CLAIMS ONLY

Application Number	Filing Date
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		51						
①	1							52						
2		1						53						
3		2						54						
4		3						55						
5		4						56						
6		5						57						
7		6						58						
8		7						59						
9		8						60						
⑩	1							61						
⑪	1							62						
12		1						63						
13		12						64						
14		12						65						
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45								96						
46								97						
47								98						
48								99						
49								100						
50														
Total Indep	3							Total Indep						
Total Depend	11							Total Depend						
Total Claims	14							Total Claims						

14/3